

SUBMIT ENTIRE UNDERWRITING FILE TO: CalHFA MORTGAGE INSURANCE SERVICES 1415 'L' STREET • 5th FLOOR • SACRAMENTO • CA • 95814 (916) 322-8936 • FAX (916) 322-8697

APPLICATION FOR MORTGAGE INSURANCE Please Complete ALL Sections of this Form

LENDER NAME	BORROWER NAME(s):
LENDER ADDRESS	
City State Zip UNDERWRITER NAME	PROPERTY ADDRESS:
PHONE NUMBER ()	
FAX NUMBER ()	City Zip
Lender Loan No. 1 st 2 nd	
LTV/CLTV/ Appraised Value \$ Sa	lles Price \$ Gifts \$
Down Payment Assistance: \$ CI	osing Cost Assistance \$
,	
□ SOURCE	□ CHDAP □ OTHER SOURCE
□ CalHFA 30 Year Fixed □ CalSTRS 80/17 □ CalPERS 97 □ CalHFA interest only PLUS □ CalSTRS 95/5 zero down (5 Yr. Interest Only / 35 Yr. Term)	
LEGAL STATEMENT Lender acknowledges that this application and documents submitted to the loan identified above are submitted for the purpose of inducing the CalHFA and certificate insuring this loan. Lender represents and/or warrants the co-contained in such documents and agrees and acknowledges that if a co-Insurance Services Division for this loan, such commitment and certificat warranties. Signature of lender's authorized representative:	Mortgage Insurance Services Division to issue a commitment rrectness and completeness of all statements and information mmitment and certificate is issued by the CalHFA Mortgage re will be issued in reliance upon such representations and
Signature Date	Telephone Number
Print name	() Fax Number